

County: Milwaukee
 MT CARMEL HEALTH & REHAB CENTER
 5700 W LAYTON AVE

Facility ID: 5770

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MILWAUKEE 53220 Phone:(414) 281-7200
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 457
 Total Licensed Bed Capacity (12/31/04): 457
 Number of Residents on 12/31/04: 415

Ownership: Nonprofit Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 425

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		29.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		45.3
Supp. Home Care-Household Services	No	Developmental Disabilities	2.7	Under 65	6.7	More Than 4 Years		24.8
Day Services	No	Mental Illness (Org./Psy)	38.1	65 - 74	15.7			-----
Respite Care	No	Mental Illness (Other)	4.3	75 - 84	33.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.5	95 & Over	5.3	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	3.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	11.3	65 & Over	93.3	-----		
Transportation	No	Cerebrovascular	10.4		-----	RNs		8.5
Referral Service	No	Diabetes	8.4	Gender	%	LPNs		14.4
Other Services	No	Respiratory	3.1	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.1	Male	29.9	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	70.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	19	6.9	152	0	0.0	0	2	4.4	191	0	0.0	0	0	0.0	0	21	5.1	
Skilled Care	51	100.0	326	227	81.9	130	0	0.0	0	43	95.6	181	39	100.0	130	3	100.0	181	363	87.5	
Intermediate	---	---	---	27	9.7	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	27	6.5	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	4	1.4	657	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	1.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	51	100.0		277	100.0		0	0.0		45	100.0		39	100.0		3	100.0		415	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	15.3	Bathing	0.5	79.0	20.5	415
Private Home/With Home Health	0.0	Dressing	10.4	75.9	13.7	415
Other Nursing Homes	2.7	Transferring	19.3	63.6	17.1	415
Acute Care Hospitals	78.6	Toilet Use	15.4	65.1	19.5	415
Psych. Hosp.-MR/DD Facilities	0.0	Eating	48.9	38.3	12.8	415
Rehabilitation Hospitals	0.0	*****				
Other Locations	3.4	Continence		%	Special Treatments	%
Total Number of Admissions	411	Indwelling Or External Catheter	11.3	Receiving Respiratory Care		9.4
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	52.5	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	30.9	Occ/Freq. Incontinent of Bowel	52.0	Receiving Suctioning		0.7
Private Home/With Home Health	0.0			Receiving Ostomy Care		2.4
Other Nursing Homes	12.1	Mobility		Receiving Tube Feeding		7.0
Acute Care Hospitals	13.0	Physically Restrained	1.2	Receiving Mechanically Altered Diets		38.3
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		100.0
Other Locations	0.0	With Pressure Sores	6.5	Medications		
Deaths	43.9	With Rashes	4.1	Receiving Psychoactive Drugs		60.7
Total Number of Discharges (Including Deaths)	437					

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 200+ %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.0	87.4	1.06	88.9	1.05	87.3	1.07	88.8	1.05
Current Residents from In-County	88.7	86.8	1.02	83.3	1.06	85.8	1.03	77.4	1.15
Admissions from In-County, Still Residing	26.3	21.8	1.20	25.0	1.05	20.1	1.31	19.4	1.35
Admissions/Average Daily Census	96.7	159.1	0.61	116.5	0.83	173.5	0.56	146.5	0.66
Discharges/Average Daily Census	102.8	159.6	0.64	119.3	0.86	174.4	0.59	148.0	0.69
Discharges To Private Residence/Average Daily Census	31.8	63.2	0.50	41.9	0.76	70.3	0.45	66.9	0.47
Residents Receiving Skilled Care	92.5	96.1	0.96	95.1	0.97	95.8	0.97	89.9	1.03
Residents Aged 65 and Older	93.3	96.5	0.97	91.8	1.02	90.7	1.03	87.9	1.06
Title 19 (Medicaid) Funded Residents	66.7	50.4	1.33	64.3	1.04	56.7	1.18	66.1	1.01
Private Pay Funded Residents	10.8	33.2	0.33	19.3	0.56	23.3	0.47	20.6	0.53
Developmentally Disabled Residents	2.7	0.5	4.98	0.8	3.15	0.9	3.05	6.0	0.44
Mentally Ill Residents	42.4	33.9	1.25	39.0	1.09	32.5	1.30	33.6	1.26
General Medical Service Residents	18.1	26.1	0.69	21.2	0.85	24.0	0.75	21.1	0.86
Impaired ADL (Mean)	49.0	51.2	0.96	50.4	0.97	51.7	0.95	49.4	0.99
Psychological Problems	60.7	62.3	0.97	56.9	1.07	56.2	1.08	57.7	1.05
Nursing Care Required (Mean)	8.6	7.1	1.21	8.1	1.06	7.7	1.11	7.4	1.15